

RECORD REQUEST
 LFUCG Records Center and Archives (RCA)
 Office of the Council Clerk

Records Needed:
 ___ **Immediately**
 ___ **24 hours**
 ___ **48 hours**
 ___ **3-4 days**

Requesting Division/Department/Local Government Office				Telephone Number and Fax Number		
Requested by (Name)				Date of Request		
Dept./Div./Local Govt. Office Records Coordinator Signature						Date
Records Coordinator Signature of Originating Dept. /Div./Local Govt. (If different from above).						Date
Location In Center	Box Number	Number of Records Requested	Record Description	Date File Will Be Returned	Record	
					Out	In
Fax a copy to the Council Clerk's Office @ 425-2073. Retain a copy until you receive a faxed copy back signed by the Council Clerk's Office. Council Clerk's Office Signature _____ Date _____						
RCA Use						
Retrieved by/Date		Received by/Date		Refiled by/Date		
Total number of copies made _____			Notes			

Please call 425-2071 if you have any questions.

RR-12/04